

McLEAN COUNTY SHERIFF'S DEPARTMENT DAVID OWENS, SHERIFF

"Peace Through Integrity"
Administration Office
(309) 888-5034
104 W. Front Law & Justice Center Room 105
P.O. Box 2400 Bloomington, Illinois 61702-2400

Detective Commander (309) 888-5051
Patrol Commander (309) 888-5166
Patrol Duty Sergeant (309) 888-5019
Jail Division (309) 888-5065
Process Division (309) 888-5040
Records Division (309) 888-5055
Domestic Crimes Division (309) 888-5860
FAX (309) 888-5072

TO: DEPUTY APPLICANT

Attached is your application for employment with the McLean County Sheriff's Department. The starting salary for deputies is \$34,065

Please complete the entire application and provide the following materials, which need to be returned with the application on the night of orientation:

- A certified copy of your birth certificate from the county you were born. We **cannot** accept birth certificates issued by the hospital.
- Transcripts from the institution of your highest level of education.
- Transcripts of military service discharge, if applicable.
- A valid driver's license along with two copies of said driver's license.
- Two (2) letters of recommendation from persons listed as personal references addressed directly to the McLean County Merit Commission.
- Two (2) letters of recommendation from past employers on the company's letterhead and addressed directly to the McLean County Merit Commission. No letters older than ninety (90) days will be accepted.
- Reside within one (1) hours driving time from the certified employee's residence to the McLean County Law and Justice Center, Bloomington, IL, regardless of weather and road conditions, road construction, vehicle availability and vehicle performance.

Applicants must attend a **mandatory orientation meeting** and successfully pass the following testing procedures:

- Basic Skills Test
- Physical Aptitude Test
- Oral Interview

Upon successful completion of the above, the Merit Commission then certifies that the applicant is eligible for employment with the McLean County Sheriff's Department and the applicant will be notified by letter of his/her place on the eligibility list.

To be eligible for employment with this department, you will be subject to a medical examination and an intense background check, which will include a polygraph. You are required to sign an **Authorization for Release of Personal Information** so that the background check can be conducted.

Thank you for your interest in our Department.

David Owens McLean County Sheriff

ARTICLE IV

APPOINTMENT TO THE DEPARTMENT

SECTION 1.

Eligibility Requirements

Certified employee candidates must meet the following requirements. However, one or more of the requirements may be waived at the discretion of the Commission according to law. The Sheriff of McLean County shall appoint as certified employees only those persons who have been certified to him, in writing, by this Commission as being eligible for appointment. The requirements are as follows:

- Be no younger than 20 years of age at the time his/her application is received by the Commission. However, applicants will not be considered for a permanent position until he/she has attained 21 years of age.
- 2. Have a minimum vision of 20/40 in each eye, without corrective lenses, corrected to 20/20.
- 3. Be free of color blindness as demonstrated by successfully passing the test known as the H-R-R Pseudo Isochromatic Plates produced by the Instrument Division of the American Optical Company. (Amended 10-12-04)
- 4. Be a high school graduate, or have certification or equivalent formal education.
- 5. Have successfully completed all testing procedures as the Commission may prescribe from time to time.
- 6. Be acceptable to the Commission on oral interview.
- 7. Be acceptable to the Commission on investigation as to reputation and character.
- 8. Pass a pre-employment polygraph test.
- 9. Have a valid Illinois driver's license at the time of examination.
- 10. Attend the mandatory orientation meeting as the Commission may prescribe. (Amended 7-11-00)
- 11. Submit to a Power Test and such medical and psychological tests as the Commission or Sheriff may prescribe. The medical exam shall also include a

hearing test. (Amended 7-11-00; 10-12-04)

- 12. Be a citizen of the United States.
- 13. Must be a resident of Illinois for 1 year prior to the appointment.
- 14. Must be a person of good moral character and reputation. No applicant shall have been previously convicted of a felony offense or crime of moral turpitude under the laws of Illinois or any other state.
- 15. Preference will be given to persons who have honorably served in the Military Service of the United States.

 (Amended 10-12-04)
- 16. Reside within one (1) hour's driving time from the certified employee's residence to the McLean County Law & Justice Center, Bloomington, Illinois, regardless of weather and road conditions, road construction, vehicle availability, and vehicle performance. (Amended 12-2-97; Paragraphs 4-15 amended 4-22-97)



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DEPUTY ORIENTATION

Orientation for Deputy positions will be held on <u>Tuesday</u>, <u>March 1st</u>, <u>2005</u>, <u>at 5:30</u> <u>p.m.</u>, check in at 5:00 p.m., in the Jury Commission Room, at the Law & Justice Center, 104 W. Front St., Bloomington, IL.

ORIENTATION IS MANDATORY!

Please note: Job applications and the related application documents must be brought to the orientation meeting and not to the Sheriff's Department.



McLean County Employment Application

Last Name:		_ First Name: _		Middle Initial:
Social Security Number:				
Street and Number:		(City:	County:
State:	Zip:		Telephone:	
Can your education and/or emp	loyment records be	verified using tl	he above name	and social security number?
Yes: No:				
If no then list other names(s):				
Name, address and telephone n	umber of person wh	no will know wh	ere you may be	contacted:
Please follow these general inst	tructions.			
 Read the Examination/Posithe "QUALIFICATIONS" Answer all questions and c Submit all transcripts and c 	listed. complete all spaces o	on this application		without reasonable accommodation,
Position(s) applied for:				
-	_			
Have you previously been emp				
If yes, then from:				
Are you at least 18 years of ag			TT '2 102 2 0	37 NY
Are you a U.S. citizen or an all				Yes: No:
On what basis are you available		,		
Full time: Part time: _				
Are you available for: Weeke				
On Ca	ing Shifts? Y	res: No		
Shift Preference (check any or				Ni ohts:
Date available for work:				
Have you ever been discharged.				
·	_	-		Yes: No:
3. Do you object to an inquiry of your present employer in regard to your ability to work with others, work record qualifications or abilities? Yes: No:				
If yes, please explain:				
), kk				

If you have answered "Yes" to any of the last three questions, please give specifics on a separate sheet. A "yes" answer does not automatically disqualify you from employment.

-	estions below if they are esse				_	•	_	oplying.
	s a valid Driver's License? Y							
	s a valid Commercial Driver'							
	ce typed material (typewriter	_			_			
_	otes verbatim (word for word	-			_			
List any in-service	training, instruction courses	or prog	rams	s yo	u have co	ompleted:	_	
List any special inf	ormation as to your work rec	ord that	t yo	ı m	ay deem	of value:		-
organization and/or	r experiences, skills or qualifi r the position for which you a	are appl	ying	ç? _		<u>,</u>		
you are applying, o	te or other authorization to promplete the following:				^	-		
Name of trade or p	rofession:			_ I	icense m	ımber:		
Granted by:			Cit	y ar	nd/or Stat	e of:		
Specialty:			_ L	ice	nsed Fror	n:		To:
Education	Name & Location	Yea	rs C	on	pleted	Diploma/D	egree	Course of Study
High School		9	10	11	12			
						1.00		
College		1	2	3	4			
Graduate/ Professional		1	2	3	4	_		
Trade School		1	2	3	4			
Describe your ext	ra-curricular activities (e.g. p	rofessio	onal/	stu	dent orga	nizations, leis	ure activ	vities, civic, etc.

Employment Experience

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Dates En	nploved	Work Performed	
	From	To	TTOTAL OHOLING	
Address				
Telephone Number(s)	Hourly ra			
Job Title	Starting	Final		
Reason for Leaving	Super	visor		
Treason for Leaving				
Employer	Dates Er	mployed	Work Performed	
Employer	From	To	Work i chomica	
Address				
Telephone Number(s)	Hourly ra	te/salary		
Job Title	Starting	Final		
	Super	rvisor		
Reason for Leaving				
Employer	Dates E	mployed To	Work Performed	
Address				
Telephone Number(s)		te/salary		
Job Title	Starting	Final		
	Supe	rvisor		
Reason for Leaving				
Employer	Dates E From	mployed To	Work Performed	
Address	110.11			
Telephone Number(s)	Hourly ra	ate/salary Final		
Job Title				
Reason for Leaving	Supe	ervisor		

ploy	yer	Dates Em	ployed	Work Performed		
		From	То			
lres	SS					
eph	one Number(s)	Hourly rate	e/salary			
		Starting	Final			
Tit	le	Super	risor			
aso	n for Leaving					
Re	ferences:					
	t three business/work references who ablicable, list three school or personal re			evious supervisors. If not		
apj	meane, list times solder or personar is	ordineds who are not les	aica io you.			
1.	Name:					
	Address:					
2.	Name:	Relationship: _		Years Acquainted:		
	Address:	***	Telephone	e:		
3.	Name:	Relationship: _		Years Acquainted:		
	Address:		Telephone	e:		
	I certify that the answers given he authorize you to make such investother related matters as may be employers, schools or persons from application. In the event of employers application or interview(s) may abide by all rules and regulations	stigations and inquiries necessary in arriving a om all liability in respon byment, I understand t y result in discharge.	plete to the to of my perso t an employr nding to inqu hat false or r	onal and employment history ment decision. I hereby relea iries in connections with my misleading information given		
	Signature of Applicant:	ature of Applicant: Date:				
	Note: If you are applying for a position with one of the following departments, you will need to					
	complete a form for purposes of a background investigation. Please ask for one of these forms:					
		SHERIFF'S DEPA	RTMENT			
		FACILITIES MANA	GEMENT			

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COURT SERVICES



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Authorization for Release of Personal Information

AddionEditor					
, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the McLean County Sheriff's Department, whether the said records are of a public, private or confidential nature.					
The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any records of a police department or other law enforcement agency.					
I understand that any of the information obtained by a personal background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the McLean County Sheriff's Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Count of McLean, the McLean County Sheriff, the McLean County Sheriff's Department Merit Commission, their members, employees, agents and assigns from any and all liability which may be incurred as a result of collecting an utilizing such information.					
and I hereby voluntarily submit to such polygraph					
A photocopy of this release form will be valid as a does not contain an original writing of my signature	an original thereof, even though the said photocopy ire.				
I have fully read and understand the contents of t PERSONAL INFORMATION.	this AUTHORIZATION OF RELEASE OF				
Signature, include maiden name if applicable	Witness Signature				
Date	Telephone				
Street Address City	State Zip				
Date of Birth Social Sec	curity No. Driver's License # & State				